



# R&L Agency Accounting Payee Information

Please complete the following information for R&L's Agency Accounting System. Use one sheet for each payee and indicate the frequency of payment below. R&L will issue a check (delivered with your payroll) made to the payee for balances due.

Client Name: \_\_\_\_\_

Deduction Code: \_\_\_\_\_ Deduction Description \_\_\_\_\_

### Payee Information

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Memo: \_\_\_\_\_

### Payment Frequency (Please Check One)

- P—Payroll**  
Check will be issued with each payroll for all accumulated liabilities.
- M—Monthly**  
Check will be issued with the last payroll of the month for all accumulated liabilities.
- Q—Quarterly**  
Check will be issued with the last payroll of the Quarter for all accumulated liabilities.

*Note: Payee check-dates will be same as the payroll check-date.*

I acknowledge that it is my sole responsibility as the employer to withhold and remit payments pursuant to any legal order, contract, indebtedness or other agreement of any kind by this employer or its employees / contractors. In recognition of this responsibility and of R&L DataCenters, Inc. merely as a conduit to assist these payments by their offer of service to prepare payments to third parties, I understand that it is my responsibility to assure the accuracy of each check prepared on my behalf by R&L DataCenters, Inc. Further, I understand that with respect to those checks made to third-parties on my behalf or on the behalf of my employees, R&L makes no claims as to their accuracy, and has delivered, by whatever mean, those checks to me for my final approval before remittance. I, the undersigned, as authorized representative of my organization, and the organization or entity, hold R&L DataCenters, Inc., its employees, officers, directors, successors or assigns, harmless for any errors (whether unintentional or otherwise) in connection with the services as briefly described above. I understand that I, the undersigned individual, organization, or otherwise organized entity will be responsible to my employees or any other party for the loss of any misdirected funds.

\_\_\_\_\_  
Authorized Client Signature